## **South Dakota Arts Council**

711 E. Wells Avenue, Pierre, SD 57501 (605)773-3301 or 1-800-952-3625 Website: www.artscouncil.sd.gov

## **Statewide Services Application**

Read Grant Guidelines and follow the steps listed under Application Procedure.

Applicant Organization (Please type or print)			TIN Nu	mber Duns Number	
Mailing Address	City	State	Zip	Daytime Phone	
Evening or Message Phone	E-mail Address	S		Website	
Contact Person		Daytime Phone		Evening or Message Phone	
Mailing Address	City	State	Zip	E-mail Address	
Project Title					
Grant Application Codes		Grant pe	eriod:		
(Select only one code for each)	Type of Activity	· ·			
Applicant Status	Arts Education	End D	End Date		
Applicant Institution	Project Descriptors	Grant Amo	Grant Amount Requested:		
Applicant Discipline	Project Race	Number of	Number of Individuals to Benefit:		
Project Discipline	Grantee Race	Number of	Children a	and Youth to Benefit:	
		Number of	Artists Pa	rticipating:	
Summary of applicant organizatio	n's mission and goals as t	hey relate to this a	pplication:	(Use only the space provided.)	
AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC <i>Guide To Grants</i> . In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.  Authorizing Official:					
	ature	Title		Date	
Address	City	State	Zip	Telephone	